## Petition for Extension of Time under 37 CFR 1.136(a)

Docket Number

WSP243US

Address To Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

		Appl	ication Information						
First Named Inventor	Gabriele Blume								
Application No.	10/579,121								
Filing Date	May 10, 2006								
Examiner	Sheridan R. Mac	auley							
Art Unit	1651								
Title of Invention									
COMBINED COSMETIC OR THERAPEUTIC PREPARATION									
COMMISSIONER FOR PATENTS:									
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified									
application.									
Applicant(s) hereby request(s) an extension of time of (check desired time period):									
▼ One month (37 CFR 1.17(a)(1))   ■ Four months (37 CFR 1.17(a)(4))									
Two months (37 CFR 1.17(a)(2)) Five months (37 CFR 1.17(a)(5))									
Three months (37 CFR 1.17(a)(3))									
from: January 28, 2010 until February 28, 2010 Date Date									
	Date		Date						
		Fe	ee Calculation						
	Fee for Extension of Time: \$65								
X Applicant claims s	mall entity status.	See 37 CFR 1	.27.	TOTAL	\$65				
		Met	thod of Payment						
☐ Deposit Account	Credit Card	☐ Check	☐ Money Order	X Other: Onli	ne Credit Card Payment				
Deposit Account Numb	per 50-0822								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Charge the fee(s) set forth above									
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
Charge fee(s) indicated above, except for the filing fee									
X Credit any overpay	yments								
If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to the Deposit Account above.									
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.								
				Amount Grand To	otal <b>\$65</b>				

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Correspondence Address										
Customer Number	49003									
			-OR-							
Name										
Address (line 1)										
City			State							
Country			Postal Co	ode						
Phone Number										
E-mail Address										
Certificate of I	Mailing by Express Mail	Certificate of Mailing by First Class Mail								
I hereby certify that this Petition for Extension of Time, accompanying documents, and fee are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:		I hereby certify that this Petition for Extension of Time, accompanying documents, and fee are being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 or the date indicated below:  (Date of Mailing) (Name of Person Mailing Correspondence)								
(Date of Mailing)		U	(Signa	ture of Person Mailing	Corresponde	nce)				
			Col	rtificate of Trac	acmiccie	<u></u>				
(Typed or Printed Name of Person Mailing Correspondence)  (Signature of Person Mailing Correspondence)		Certificate of Transmission  I hereby certify that this Petition for Extension of Time, accompanying documents, and fee authorization are being facsimile transmitted to the United States Patent and Trademark Office on the date indicated below:								
("Express Mail" Mailing Label Number)		(Date of Transmission) (Name of Person Transmitting Correspondence				mitting Correspondence)				
			(Signature of Person Transmitting Correspondence)							
Salast the name	e of the person who will electronicall		ure Instructions	of Time from the	Iron down	pov holow				
lf a practitioner Utility menu.	is not present in the drop-down lis	t, you mus	st close this form and	d select 'Add Practi	tioner' in	the Form Manager's				
Verify that the signatory information is correct and press the 'eSign' button to electronically sign the submission. If you prefer to sign the form manually, simply do not click the 'eSign' button; just print and manually sign.										
Signatory Drop-Down Box Dunn, Michael L.										
Name	Michael L. Dunn			Registration Nu	mber	25,330				
Signatory Capacit	y Attorney for Applicant(s)		E-mail Address	_						
S. S	/Michael L. Dunn/				Data Sign	ned 02/25/2010				